

# NHS Hull CCG Annual Equality Information Report 2020 / 2021

## 1 Accessibility Statement

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### Glossary of terms and abbreviations

<b>EDI</b>	Equality Diversity and Inclusion
<b>CCG</b>	Clinical Commissioning Group
<b>EDS / EDS3</b>	Equality Delivery System
<b>EqIA</b>	Equality Impact Assessment
<b>L&amp;D</b>	Learning & Development
<b>SLT</b>	Senior Leadership Team

<b>WDES</b>	Workforce Disability Equality Standard
<b>WRES</b>	Workforce Race Equality Standard
<b>PCN</b>	Primary Care Network
<b>LMC</b>	Local Medical Committee
<b>AIS</b>	Accessible Information Standard

## 2 Introduction

NHS Hull CCG has navigated unprecedented change in 2020, supporting staff to work safely whilst working in partnership to coordinate an emergency response to support the people of Hull in accessing vital healthcare services. The COVID-19 pandemic has also highlighted and widened stark health inequalities, particularly affecting Black, Asian and Minority Ethnic (BAME) NHS staff and patients, as well as those with disabilities.

The CCG has done its utmost to keep up the momentum achieved in 2019/20 in terms of embracing its equality duties, rather than simply focus on legal compliance, and make meaningful progress against its equality objectives

This Equality Information Report demonstrates how NHS Hull Clinical Commissioning Group (CCG) is meeting its public sector equality duties and NHS England equality standards. The report goes beyond compliance, to reflect our equality programme of work. We recognise this is an on-going journey of development and improvement and welcome feedback and views on how we are doing.

This report will:

- Set out our equality public sector duties and how we have responded to these
- Define our equality objectives for 2020 - 2024
- Demonstrate how we are paying due regard to NHS England Equality Standards, including the Workforce Race Equality Standard (WRES),

the Workforce Disability Equality Standard (WDES), the Accessible Information Standard (AIS) and the Equality Delivery System (EDS)

- Set out our governance arrangements for delivering our equality objectives and reviewing performance
- Highlight achievements and progress against our equality objectives and outcomes
- Identify areas where improvement or progress is still needed
- Set out our priorities for 2021/22

### 3 Legal Context and Equality Objectives

NHS Hull Clinical Commissioning Group is committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive. We recognise our duties under the Human Rights Act 1998 and the Equality Act 2010, including the Public Sector General Equality Duty to pay due regard to:

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
  - Removing or minimising disadvantage experienced by people due to their personal characteristics
  - Meeting the needs of people with protected characteristics
  - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
  - Tackling prejudice, with relevant information and reducing stigma

- Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard means considering the above in all the decision making, including:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services.

The specific equality duties were updated by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. These regulations introduced requirements for public bodies to publish information in relation to gender pay equality and the annual publishing of equality information.

### 3.1 The specific duties are:

1. Gender pay gap reporting:
  - a. *Applicable to all public bodies with 250 or more employees (not directly applicable to the CCG).*
  - b. *Utilising data from 31st March 2017 to analyse and publish by 30th March 2018 and annually thereafter.*
  - c. *Publish the information in a manner that is accessible to all its employees and to the public, for a period of at least three years beginning with the date of publication.*
2. Publication of information demonstrating compliance with s149(1) Equality Act 2010:
  - a. *Publication must include information relating to persons who share a relevant protected characteristic who are;*
    - i. *its employees (providing it employs 150 or more employees);*
    - ii. *other persons affected by its policies or practices.*
  - b. *Publish information not later than 30th March 2018 and annually thereafter.*

- c. Subsequently at intervals of not greater than one year beginning with the date of last publication*
3. Preparation and publication of one or more, specific and measurable, equality objectives;
  - a. Published not later than 30 March 2018 (aligning to any current Equality Objective commitments).*
  - b. Subsequently at intervals of not greater than four years beginning with the date of last publication.*

### **3.2 Protected Characteristics**

The protected characteristics referred to in the Act are:

- **Age**, which refers to a person of any age group
- **Disability**, including persons with a physical or mental impairment where the impairment has a substantial long-term adverse effect on that person’s ability to carry out day-to-day activities
- **Sex**, refers to a man or a woman
- **Gender reassignment**, which refers to a person proposing to or has undergone a process in relation to physiological or other attributes of sex, with the aim of aligning gender identity
- **Pregnancy and maternity**, this includes protection from discrimination when someone is pregnant, or after they have given birth. It includes protection for breastfeeding mothers
- **Race**, including ethnic or national origins, colour or nationality
- **Religion or belief**, including a lack of religion or belief, and where belief includes any religious or philosophical belief
- **Sexual orientation**, meaning a person’s sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex
- **Marriage and civil partnership**, refers to marital or civil partnership status, but in terms of assessing equality impact, only has relevance when a policy or decision includes criteria related to a person’s marital or civil partnership status.

## 4 NHS England Equality Standards

### 4.1 Equality Delivery System (EDS)

As set out in the section above, our equality objectives and outcomes were developed using the EDS as a framework to engage with local interest groups and listen to their experiences. More information about our approach and outcomes can be found here: <http://www.hullccg.nhs.uk/equality-delivery-system-eds2/>.

NHS England is due to launch EDS3 and further information is expected during 2021/22. We are reviewing previous EDS engagement and other wider engagement and consultation insight and data in preparation of the publication of the EDS3 guidance. In the meanwhile, we have incorporated the goals of the EDS into our equality objectives so that progress continues.

### 4.2 Workforce Race Equality Standard (WRES)

The WRES requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation. We recognise our role in asking providers to report on their performance against the WRES framework from 1 July 2015, as well as paying due regard to the standard in its own workforce practices.

Paying due regard to WRES as an employer and a commissioner is reflected in our Equality, Diversity and Inclusion (EDI) Outcomes Framework.

Our WRES report is available at [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)

### 4.3 Workforce Disability Equality Standard (WDES)

The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS. The WDES is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019.

Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. However, in accordance with its commitment to best practice beyond compliance, the CCG has collected WDES data with a view to learning from the information, and putting measures in place to improve access and opportunities for disabled staff and candidates.

#### 4.4 Accessible Information Standard

Implementing the Accessible Information Standard has been incorporated into our communications and engagement delivery plan with new public sector accessibility regulations coming into effect from 23 September 2020. Full information on how we have met this standard is detailed at 7.1.2.

### 5 Governance and Management Arrangements

All our staff are aware that it is everybody's responsibility to promote equality, diversity and inclusion. This is reflected in our Equality, Diversity and Inclusion (EDI) Policy, staff training, and equality objectives aligned to Personal Development Reviews (PDRs).

In addition to this, the Associate Director of Communications and Engagement is our officer lead for equality, taking on this responsibility in September 2020. The CCG formalised an EDI Steering Group in October 2020 to oversee the implementation of our EDI Delivery Plan. Membership of this group includes representation from all CCG functions and now also includes the CCG's Board Member for Health Inequalities. Membership as follows:

- Jason Stamp, Lay Member for Patient and Public Involvement
- Dr Bushra Ali, Board Member for Health Inequalities
- Sue Lee, Associate Director of Communications and Engagement
- Kate Williamson, Associate Director of Human Resources and Organisational Development
- Emma Kirkwood, Head of Human Resources
- Mike Napier, Associate Director of Corporate Affairs
- Karen Ellis, Deputy Director of Commissioning
- Joy Dodson, Deputy Chief Finance Officer
- Liz Sugden, Quality & Patient Safety Lead
- Phil Davis, Strategic Lead - Primary Care
- Colin Hurst, Head of Engagement
- Amanda Heenan, Independent Equality & Diversity Consultant, Arc of Inclusion

The EDI Steering Group meets bi-monthly to update and review progress against an EDI Delivery Plan 2020/21. Bi-monthly reports are now presented to the Quality & Performance Committee, with an annual Equality Information report submitted to the CCG Board for approval.

## 6 Reporting Information

### 6.1 Gender Pay Gap Reporting

The CCG employs 89 staff as at December 2020, and therefore is not subject to this reporting duty. However, we do regularly analyse our workforce data, including pay band by gender. Salaries are reviewed by our Remuneration Committee, which follows national guidelines and best practice. Our [Annual Report](#) includes a salary and information report, which lists the salaries received by members of the CCG Board.

### 6.2 Workforce Reporting

As above, the workforce reporting duty applies to employers with more than 150 staff. However, we do capture and analyse data relating to the protected characteristics of staff and our Board.

The summary findings for the CCG (as at September 2020) are as follows:

- According to ESR data, fewer than 5% of the CCG's workforce is identified as BAME. The BAME population of Hull (as defined above) is 6%. Specific numbers are not listed as they are so small as to potentially enable the identification of individuals.
- According to CCG 2019/20 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being appointed when compared to BAME (16.7% and 12.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with BAME is 1.33. That said, caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.
- 7% of the declared CCG Board profile is BAME.

The full Workforce Race Equality Standard Report 2020 can be found on the CCG's website [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)



### 6.3 Information about people affected by the CCG

The CCG works with our partners and the people of Hull to commission services and improve the health of the people and communities of Hull. The CCG's programmes are based on evidence about the population, with a focus on health needs and inequalities. These include:

- Population Health Management data
- Ward level public health profiles
- People, communities and place – our plan for Hull
- Delivery of the NHS Long Term Plan
- Better Care in Hull - through integration with the local authority
- Delivering safe, high quality services
- Building relationships with communities
- Taking action on health inequalities and the local strategy for health and wellbeing

The CCG has also developed a health information resource to support staff and partners in undertaking effective equality impact analysis. This is a developing resource of equality related research, and information. See: <http://www.hullccg.nhs.uk/health-information-and-resources-3/>

### 6.4 Health Inequalities and Covid-19 Equality Impact

COVID has highlighted inequalities at a local, national and global level, with the impact of the pandemic being borne disproportionately by Black, Asian and minority ethnic (BAME) people, disabled people and by women. NHS England and Improvement issued an urgent response in the summer of 2020 requiring action across the healthcare system ([Phase 3 Covid Response to health and workforce inequalities<sup>\[1\]</sup>](#))

Particular sections within the Phase 3 implementation guidance have direct relevance to our Equality, Diversity and Inclusion plans. These include:

- Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

- Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December 2020, with general practice prioritising those groups at significant risk of COVID-19 from 1 September 2020.
- Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September 2020; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March 2021.

The phase 3 letter from Simon Stevens dated 31 July 2020 also highlights that action is required to:

- Address systemic inequality that is experienced by some of our staff, including BAME staff.
- Wherever possible, work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid.

<sup>[1]</sup> <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

### National Voices 5 Principles<sup>[2]</sup>:

The following principles have been developed at a national level in collaboration with numerous charities and people living with underlying conditions and should underpin our decision making for the next phase of the COVID-19 response:

1. Actively engage with those most impacted by the change
2. Make everyone matter, leave no-one behind
3. Confront inequality head-on
4. Recognise people, not categories, by strengthening personalised care
5. Value health, care and support equally

### **Our response**

An equality impact assessment conducted as part of the review of the CCG's Operational Plan 2020-21 in June 2020 provides further evidence of the equality impact of the pandemic, and sets out an EqIA Action Plan to address this at a place-based level. Hull City Council's Public Health Team also conducted a **Rapid Health Needs Assessment** to look at the impact of COVID-19 on population health which clearly identifies that the effects of COVID-19 will disproportionately affect those in more deprived, vulnerable or marginalised communities, who already face health inequalities.

Furthermore, at a national level, NHS England (NHSE) issued an urgent directive to address health inequalities as part of the Phase 3 response to the COVID-19 pandemic, this included specific requirement for a Board lead for health inequalities, a role that Dr Bushra Ali has been asked to undertake. Dr Ali has since joined the CCG's EDI Steering Group to ensure that health inequalities focus is joined up with the CCG's wider EDI approach.

Hull City Council has established a Hull Health Inequalities Task and Finish Group which the CCG's Chief Operating Officer, along with the board lead for inequalities, the executive lead for equality and diversity and the clinical lead for vulnerable people have been asked to join.

<sup>[2]</sup>

[https://www.nationalvoices.org.uk/sites/default/files/public/publications/5\\_principles\\_statement\\_070820.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/5_principles_statement_070820.pdf)

The Hull Place Board has also recently refreshed its priorities and has agreed to a focus on Community Wealth Building and championing the role of the Voluntary and Community Sector in supporting vulnerable communities.

In addition, the Hull Health and Wellbeing Board clearly has a remit around tackling health inequalities and the development of a Hull Fairness Commission will further support work around equality and inclusion. The work and priorities of all these Boards and groups needs to be taken into consideration as part of the ongoing review of the CCG's Equality, Diversity and Inclusion work.

During 2021/22 the CCG will move into a transition period to transfer many of its commissioning functions into an Integrated Care System, with increased collaboration both across the Humber, Coast and Vale footprint and also across the Humber Partnership. There will no doubt be a wider system approach to elements of the Equality, Diversity and Inclusion agenda, for example the implementation of the revised Equality Delivery System (EDS3) and there are clear benefits to sharing expertise and closer alignment where it is appropriate to do so. However, we must not lose sight of the value of working at Place and Neighbourhood level if we are to truly listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

## 7 Equality Objectives

Our equality objectives were developed through extensive engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2). Our EDS2 findings have also supported the development of specific outcomes and success measures. In 2020, the CCG reviewed its objectives to put a greater focus on health inequalities. Our equality objectives for 2020 - 2024 are:

- To be an employer with a well-supported workforce and Board that represents our population
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all
- To demonstrate leadership on equality and inclusion through collaboration
- To ensure that our governance and decision making pays due regard to equalities

- To ensure that all our diverse communities are able to have their voices heard and their views are taken into account in our decision making

These objectives are most likely to be achieved through:

- Embedding an inclusive and compassionate culture, at all levels
- Facilitating learning environments that build collective capacity to understand and address health inequalities
- Empowering staff voice through staff networks and mentoring
- Nurturing partnerships (e.g. Yorkshire and Humber ED&I Network, local Diversity & Inclusion Forum, Primary Care Networks (PCNs), Local Authority Health Inequalities Network
- Ensuring health inequalities are integrated into future commissioning arrangements, whilst seeking assurance from providers relating to equalities impact within their organisations
- Developing diverse networks of people, organisations and special interest groups in order that our engagement approach is both effective and inclusive

Our approach is to target our focus to a set of outcomes, matched to our equality objectives and aligned to the functions of the CCG.

## 7.1 Summary of progress – the CCG as a Commissioner

### 7.1.1 Strategic Oversight and EDI Governance

#### Outcomes:

- Annual Equality Report to Board & published by 31 March each year
- Bi-monthly reporting to Quality & Performance Committee
- Robust EqIA process and quality assurance for corporate & HR policies, commissioning decisions & clinical policies
- System / multi-stakeholder commissioning activity follows robust EqIA process
- Effective EDS assessment and governance
- Strategic collaboration in health and social care sector on EDI
- CCG has greater internal capacity to review and assess the quality of EqIAs
- CCG Annual Report reflects EDI objectives and achievements
- Strong relationships with the Lay Member for EDI and the newly appointed Health Inequalities Board Lead

**Progress:**

The CCG has continued to strengthen and embed robust equality impact assessment (EqIA) processes and quality assurance for corporate & HR policies as well as commissioning decisions & clinical policies. This includes regular review of assessments, assurance through the CCG's governance groups and regular training and coaching sessions for staff by our independent Equality and Diversity Consultant.

A joint impact assessment framework has been developed and adopted by the Humber Joint Commissioning Committee to ensure that joint policies and commissioning activity follows a robust EqIA process.

Progress against the CCG's equality programme of work is overseen by the EDI Steering Group and both the Lay member for EDI and the Health Inequalities Board Lead are integral members of this group. Progress reports are regularly submitted to the Quality and Performance Committee and reported annually to the Board. This report will be published on the CCG's website and offered in a range of formats to ensure accessibility.

The CCG has strengthened its networks and embraced a spirit of collaboration. More detail is included in section 7.3 of this report.

**Areas for development:**

Some much needed additional internal capacity has been secured through a new joint post of Equality Diversity and Inclusion Manager working across Hull and North Lincolnshire CCGs (commencing in post end of February 2021). The key focus will be on the operational progress and integration of EDI within both organisations. This will have a significant impact on both organisations' capacity to keep the momentum going and achieve greater operational traction. However, this capacity should be kept under review and further strengthened where appropriate.

A review of the process of reporting against the EDI outcomes by the functional area leads will be undertaken by the new EDI Manager in order to streamline processes.

Conversations have started with the local authority around aligning our EDI work including establishing a consistent approach to equality impact assessment, particularly the evidence used in the process, and this work should continue.

## 7.1.2 Engagement and Communication

### Outcomes:

- Diverse network of people / organisations actively engaging with the CCG
- Health inequalities insight into different types of risk and wider vulnerability within their communities to inform plans and decisions making (re pandemic response and beyond)
- Equality interest groups working collaboratively with CCG to gather E&D insight
- Effective EDS engagement & assessment
- Collaborative engagement with other organisations in health & social care sector
- Insight from engagement informing commissioning decisions
- Awareness raised with patient / community representative groups about the AIS
- Collaborative EDS engagement
- Website accessible to people with a range of needs
- Hull CCG EDI webpage provides an equality information resource supporting EqlA and decision making
- Meetings and events are inclusive and accessible

### Progress:

2020 has been a particularly challenging year in terms of communication, as most of the resource has been diverted into supporting pandemic response, and engagement has been limited in terms of face to face contact and reliance on digital and other methodologies has increased. However, good progress has still been made against most of the defined engagement and communication outcomes.

### Engagement

NHS Hull CCG is an active member of a number of multi-agency networks and groups who engage with diverse communities and groups with protected characteristics. These include, but not limited to;

- Independent Advisory Group
- Humberside Community Safety Partnership
- Older People's Partnership
- Maternity Voices Partnership (MVP)

- Local Cultural Education Partnership (LCEP)
- Black History Group

CCG works closely with Hull City Council regarding Adult Social Care and Children and Young People's Services and much collaboration and co-production work has been undertaken in these areas. Engagement about the Joint Commissioning Strategy for SEND and the development of a SEND Co-production Charter has been a significant undertaking, and included extensive engagement with parents, carers and children and young people with SEND as well as professionals working to support them.

Health inequalities insight has been used to support work in a number of specific programmes including:

- Smoking in Pregnancy
- Social Prescribing
- Lung Health Checks
- Health Research and Innovation

Collaborative engagement has taken place with our providers. Examples include working with Humber Foundation Trust in connection with:

- the review of the CAMHS Service Specification,
- establishing Mental Health Support in Care Homes,
- developing new Community Mental Health Support Workers

and with Primary Care Networks around several service specific areas including:

- Social Prescribing,
- Extended Access
- Primary Care COVID-19 Response Engagement work.

The CCG is about to undertake COVID-19 Vaccination engagement in partnership with the local authority.

No engagement work is undertaken without a robust EqIA in place and the information identified used to target engagement appropriately. Evidence of engagement is a requirement of any new procurement (detailed on the



Procurement Panel Status Report presented to Board) and also within the sign off process for service specifications by Planning and Commissioning Committee. This provides the assurance that appropriate engagement and insight is used to inform our commissioning decision.

Review of existing EDS engagement is underway with a view to refreshing approach when ED3 guidance is issued.

Obviously during 2020 the focus has been more on digital activities and the CCG has offered telephone support to those who may not have experience of virtual meetings. We have a limited supply of equipment that can be loaned to support access (iPads) and the CCG is working with other agencies across the Humber around the issue of digital exclusion.

The CCG does have a policy of ensuring that all face to face meetings and events are held in accessible venues with access ramps and lifts and event invites ask if attendees require any additional support; e.g. Accessibility or Sensory impairment, for example we have used palantypists in the past and the CCG also has a mobile hearing loop.

## Accessible Communication

### Website accessibility

The CCG is committed to improving our website and meeting accessibility standards. We have been updating the content in line with the new public sector accessibility regulations which came into force from 23 September 2020.

We have provided accessibility statement at [www.hullccg.nhs.uk/accessibility](http://www.hullccg.nhs.uk/accessibility), which outlines how accessible the CCG website is, which content is not accessible and which content falls outside of the current legislation.

To minimise the impact of the areas which we weren't able to make more accessible by updating the website content or layout, we have subscribed to Browsealoud web accessibility tool.

Browsealoud offers a host of reading and translation support - helping users to access and understand our online content better. It provides the following options:

- text-to-speech: users can click on or select any text to hear it read aloud

- translation: written and spoken translations in multiple languages
- text magnification: enlarges text and reads it out loud
- mp3 generation: converts selected text into an MP3 audio file
- screen mask: blocks distractions on screen with a tinted mask
- web page simplifier: removes clutter from the screen, displaying only the main text
- settings: users can customise options to suit individual needs or preferences

### **Social media and video**

As a standard, we include embedded captions in all videos produced by the CCG. Embedded captions help with accessibility for hard-of-hearing or deaf people and those for whom English is not the first language.

On social media, we include alternative text for images (if the particular platform provides such functionality) to improve accessibility for people with visual impairments who use screen readers. We also continue to use translated social media assets, easy read information and BLS videos provided as part of key national campaigns such as “Hands, Face Space” and COVID-19 vaccination programme, and we develop localised content where appropriate.

### **Areas for development;**

We will work to increase community engagement in the Equality Impact Assessment process both in terms of reviewing the EqIA documentation and also in ‘closing the loop’ within EqIA process by undertaking follow up engagement work to check that mitigating actions within EqIAs are completed, and that the mitigation has the desired result in impact on the identified groups.

### **7.1.3 Commissioning**

#### **Outcomes**

- Robust EqIA process and capacity for commissioning projects & clinical policies
- Contract monitoring includes reporting on equality outcomes

- EqlAs undertaken in a timely fashion EqlA across the system
- Collaboration with other equality leads in collaborative commissioning
- Providers can evidence the systems they have in place to comply with Accessible Information Standard (AIS); WRES, WDES & EDS
- Quarterly ITS service usage and quality reports
- Compare language requests at providers to gain insight on diversity.

### Progress

The EqlA process and capacity for commissioning projects & clinical policies has been further strengthened and embedded and EqlA is built into the early stages of the project or service development.

Our clinical and commissioning equality impact assessments are published on our website [www.hullccg/nhs.uk](http://www.hullccg/nhs.uk)

The CCG continues to commission interpretation and translation services (ITS) across primary care. The CCG receives quarterly reports from the provider which include the number of face to face and telephone language requests provider, by language and practice area. This provides valuable insight to the CCG about language needs across practice areas. Customer satisfaction data is also provided to the CCG. Variation in usage of ITS services by individual GP practices was noted at the CCG Board in January 2021, and work to further understand and evaluate equity of access was requested.

A condition of our current provider contracts is the provision of translation services but at the present time the reporting of equality outcomes is not included in contracts, although we do check compliance with the WDES.

### Areas for development

Equality outcomes will be built into our contracting arrangements this year and we will work with providers to ensure accessibility considerations, including compliance with the Accessible Information Standard are part of our ongoing discussions.

### 7.1.4 Corporate Governance

#### Outcomes

- Ensure EDS governance process are followed
- Board and sub-committees have skills and capacity to challenge EqIAs / raise & respond to equality issues
- Responsibilities of Board and sub-committees – ensure that Board and sub-committee members are aware and fulfilling their statutory equality duties, and that these are reflected in Terms of Reference
- Ensuring that WRES, WDES are being met – submitted to NHS
- Ensuring EDI & Health Inequalities are considered within governance processes across the emerging system, and decision making pays due regard to equalities duties

#### Progress

The WRES report was submitted to Board in September 2020 and Terms of Reference for committees are reviewed on an annual basis.

Equality Diversity and Inclusion training is included within the Board Development schedule.

#### Areas for development

As governance arrangements for the emerging ICS and Humber system are developed, equalities duties will need due consideration and lines of accountability made clear.

### 7.1.5 Quality

#### Outcomes

Quality outcomes have been developed but yet to be agreed.

#### Progress

Whilst it is acknowledged that the Quality outcomes are in the process of being finalised, there has been some positive progress in respect of identifying and acting upon health inequalities. An example of this being the Learning Disabilities Mortality Review (LeDeR) process. The CCG has a robust process in place where completed LeDeR reviews are scrutinised by a LeDeR panel,

ensuring that all recommendations made are translated onto a local action / quality improvement plan that informs future plans in respect of quality improvement and initiatives in improving the lives and health outcomes for people with a Learning Disability.

### **Areas for development**

An area of planned improvement work is to evolve the process for correlating health inequality information that is received from other CCG areas inclusive of Serious Incidents and Patient Advice and Liaison Service (PALs) ensuring that not only are there triggers in place to identify health inequalities, but there is also a system in place to correlate centrally the identified inequalities to inform an overarching improvement plan leading to better health outcomes for our population.

#### **7.1.6 Primary Care**

##### **Outcomes**

Whilst there are no formally agreed outcomes for primary care, initial ideas have been scoped but further development to be undertaken in collaboration with Clinical Directors of the primary care networks during early part of 2021.

##### **Progress**

Our primary care services have had to rapidly adapt and evolve in order to deliver services safely during the COVID pandemic, this has included adopting a total triage model and utilising telephone and video consultation wherever possible.

This has not been without its challenges and the digital first model has further highlighted some of the health inequalities across the city in terms of digital accessibility. An extensive piece of engagement work was undertaken across the whole Humber region to better understand the difficulties and challenges patients had faced in accessing services. Questionnaires were sent out from 20th July, with a closing date of 24th August. Key highlights showed that whilst the majority of people have managed to get the support they needed, there were some difficulties experienced by hearing impaired, visually impaired and others who have physical and mental health issues that may impact ease of communication.

It is acknowledged that when the pandemic first struck, deaf patients were unable to access face to face appointments within GP surgeries and struggled with telephone and video consultations as no interpreters were able to access the patient consultation. Our Interpretation and Translation Service provider, AA Global quickly responded by providing an online solution which enabled interpreters to be available for video consultations.

Following the successful implementation of the Video Interpreting platform for deaf patients, AA Global updated their system and following an initial pilot with a number of GP practices within Hull, they rolled out an online solution providing video access to around 500 different languages. Practices were able to utilise this solution for their patients from September 2020.

Further work is ongoing to disseminate the findings at PCN level and looking across the protected characteristics to see if particular groups have been more disadvantaged than others and it has been recommended that practice revisit their arrangements to meet accessible information standards.

Also, early in the pandemic response GP practices were asked to identify their patients that fell into a definition of Clinically Extremely Vulnerable (CEV) and part of the national shielding programme. These patients were eligible for additional support through local authority community hubs, for example voluntary sector organisations and local volunteers collected medicines, undertook shopping and other support services. Some practices used their Link Workers and other staff to initiate a telephone 'check-in' and befriending service.

Amongst general practice staff risk assessments were undertaken and a template completed and returned to NHS England. The CCG sought assurance from practices that all staff were offered a risk assessment and, where necessary, mitigating steps agreed in order for any risk to their personal health be minimised. i.e. vulnerable clinical staff moved to undertake telephone consulting.

### **Areas for development**

At the present time there are no agreed EDI outcome measures for Primary Care Networks, however plans are in train for the CCG's Independent Equality and Diversity Consultant to facilitate discussions with the PCN Clinical Directors, and other appropriate members of PCN teams to identify areas of priority action.

## 7.2 Summary of progress – the CCG as an Employer:

### [We are the NHS: People Plan<sup>\[1\]</sup>](#)

This plan sets out actions to support transformation across the whole NHS. It focuses on how we build a compassionate and inclusive culture. The inclusion of the **Our People Promise** sets out in a series of phrases what we should all be able to say about working in the NHS:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Clearly many aspects of the People Plan will be picked up through Workforce and Organisational Development plans, however, there are also clear EDI requirements within the document, including risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support and publishing progress against the [Model Employer<sup>\[2\]</sup>](#) goals to ensure that at every level, the workforce is representative of the overall BAME workforce and that senior leadership represents the diversity of the NHS, spanning all protected characteristics.

<sup>[1]</sup> [We\\_Are\\_The\\_NHS\\_Action\\_For\\_All\\_Of\\_Us\\_FINAL\\_24\\_08\\_20.pdf](#)

<sup>[2]</sup> <https://www.england.nhs.uk/publication/a-model-employer/>

### Outcomes:

- Capacity built through HR partnership working with recruitment managers to embed E&D good practice in all recruitment advertising.
- Recruitment process as inclusive and accessible as possible, within national framework
- Positive action to actively promote job opportunities and troubleshoot application process
- Senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Strong links between Workforce Wellbeing Group and EDI objectives
- Staff feel well supported in their work and wellbeing
- Employees and managers taking ownership of EDI issues and identified resolutions
- Appraisal process capturing a wide range of examples of staff promoting / implementing the CCG's equality objectives
- Staff have well developed E&D skills:
- Good practice and challenges shared with partner organisations.

### Progress

The HR and OD team has delivered two sessions of Recruitment and Selection training and plan a further session virtually in the new year. The recruitment audit is ongoing but does include a section on advert placement to attract a diverse workforce.

As detailed in our WRES report 7% of the Board have declared BAME background compared to 6% of the local population. This will need to be reviewed as the changing landscape of commissioning takes place.

The Workforce Health & Wellbeing Group has formally met less frequently during the Pandemic period, however when it has met a member of the HR team has attended. Understandably much of the focus has been on mental wellbeing whilst staff continue to work predominately from home.

However, a number of Health and Wellbeing initiatives have been put in place, including a 'How are you feeling' barometer in the bi-weekly team



briefings. A range of support is provided for CCG staff for their physical and emotional wellbeing. These include Occupational Health, Counselling, MIND wellbeing plans, HSE stress risk assessment, national H&WB Apps and websites, and access to colleagues who are trained Mental Health First Aiders. A staff wellbeing measure will be undertaken via the next staff survey.

Individual staff risk assessments were undertaken early in the pandemic and personal plans developed to identify and mitigate any equality or diversity issues that may impact on staff safety.

A review of recruitment processes and mechanisms for sharing vacancies is underway and already wider sharing of vacancies across voluntary and community sectors has been instigated.

A training needs assessment / review will be undertaken in 2021 as part of the Humber CCG People Plan and should identify areas where managers need support to take responsibility for EDI issues.

The HR team share good practice with the other CCGs that are supported by the team and are members of the regional E&I network.

### Areas for development

- Greater integration of E&D objectives / outcomes in OD plan
- Wider opportunities for equality and inclusion skills development in Learning and Development Plan
- Optimising opportunities to share challenges and good practice with partner organisations – perhaps using EDS3 as a focus
- Improved guidance and support re matching E&D objectives to appraisal process

### 7.3 Collaboration

The CCG has strengthened its relationships with networks that enable shared learning and collaboration. We have been able to participate and more actively support local and regional networks, pivotal to supporting best practice and collaboration:

The CCG is now represented on the Steering Group of the Y&H NHS EDI Leads Network and is an active member of the Humber NHS Equality, Diversity and Inclusion Partnership Group.

We have also started discussions with EDI leads in our fellow Humber CCGs to look at areas where we can take a harmonised approach, for example in equality impact assessment, EDI policy, supporting staff networks, the EDS, WRES and WDES. Similarly, we are exploring a harmonised approach to equality impact assessment with Hull City Council particularly the evidence that supports the assessments.

As previously detailed, work is also ongoing with Hull City Council as part of the Health Inequalities Steering Group and the Chief Operating Officer for Hull is taking a Humber-wide lead for Health Inequalities.

#### **7.4 Priorities for 2021 / 2022**

The CCG will continue to drive operational progress and integration of EDI within all of our programmes of work. We will work towards implementing EDS3 once guidance is received and we will look to strengthened EDI links with:

- Primary Care Networks
- The Integrated Care System
- Provider Alliances
- Local authority

A key area of focus will be supporting our workforce in any transition arrangements (e.g. post COVID or due to structural / organisational changes) as the new integrated care system configures.

## **8 Have your say**

If you have any feedback about this report, or wish to raise any concerns please contact us, using the contact information given in section 1, page 1 of this report.